RI SOS Filing Number: 202189286390 Date: 2/1/2021 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

STAMP
FEB 01 2021
FOR
BY 52030

1. Entity ID Number	2. Exact name of the Corporation		
62988	ALMEIDA PLUMBING, HEATING & AIR, INC.		
3. Principal Office Address	City	State	Zip
22 B LARK INDUSTRIAL PARKWAY	SMITHFIELD	RI	02828
4. NAICS Code: 238220	6. Brief description of the character of business conducted in Rhode Island: THE SERVICE AND INSTALLATION OF PLUMBING, HEATING AND AIR CONDITIONING EQUIPMENT.		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ALFRED E. ALMEIDA, III			Vice-President Name: ALFRED E. ALMEIDA, III		
Street Address: 94 RIDGE ROAD			Street Address: 94 RIDGE ROAD		
City: SMITHFIELD	State: RI	Zip: 02917	City: SMITHFIELD	State: RI	Zip: 02917
Secretary Name: ALFRED E. ALMEIDA, III			Treasurer Name: ALFRED E. ALMEIDA, III		
Street Address: 94 RIDGE ROAD			Street Address: 94 RIDGE ROAD		
City: SMITHFIELD	State: RI	Zip: 02917	City: SMITHFIELD	State: RI	Zip: 02917

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: ALFRED E. ALMEIDA, III			Director Name		
Street Address: 94 RIDGE ROAD			Street Address		
City: SMITHFIELD	State: RI	Zip: 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	NONE

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative: ALFRED E. ALMEIDA, III, PRESIDENT

Date: 1/27/21

Signature of Authorized Representative: SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017